Select Admission Assessment Data Elements

A1005. Ethnicity

A1005. Ethnicity Are you of Hispanic, Latino/a, or Spanish origin?	
↓	**Check all that apply**
☐	**A.** No, not of Hispanic, Latino/a, or Spanish origin
☐	**B.** Yes, Mexican, Mexican American, Chicano/a
☐	**C.** Yes, Puerto Rican
☐	**D.** Yes, Cuban
☐	**E.** Yes, another Hispanic, Latino/a, or Spanish origin
☐	**X.** Resident unable to respond
☐	**Y.** Resident declines to respond

A1010. Race

A1010. Race What is your race?	
↓	**Check all that apply**
☐	**A.** White
☐	**B.** Black or African American
☐	**C.** American Indian or Alaska Native
☐	**D.** Asian Indian
☐	**E.** Chinese
☐	**F.** Filipino
☐	**G.** Japanese
☐	**H.** Korean
☐	**I.** Vietnamese
☐	**J.** Other Asian
☐	**K.** Native Hawaiian
☐	**L.** Guamanian or Chamorro
☐	**M.** Samoan
☐	**N.** Other Pacific Islander
☐	**X.** Resident unable to respond
☐	**Y.** Resident declines to respond
☐	**Z.** None of the above

CASE STUDY CODING RESPONSE SHEET

A1110. Language

A1110. Language

A. What is your preferred language?

Enter Code

B. Do you need or want an interpreter to communicate with a doctor or health care staff?

0. **No**
1. **Yes**
9. **Unable to determine**

A1250. Transportation

A1250. Transportation (from NACHC©)

Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

Complete only if A0310B = 01 **or** A0310G = 1 and A0310H = 1

↓	Check all that apply
☐	**A.** Yes, it has kept me from medical appointments or from getting my medications
☐	**B.** Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
☐	**C.** No
☐	**X.** Resident unable to respond
☐	**Y.** Resident declines to respond

B1300. Health Literacy

B1300. Health Literacy

Complete only if A0310B = 01 **or** A0310G = 1 and A0310H = 1

Enter Code

How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

0. **Never**
1. **Rarely**
2. **Sometimes**
3. **Often**
4. **Always**
7. **Resident declines to respond**
8. **Resident unable to respond**

D0700. Social Isolation

D0700. Social Isolation

Enter Code

How often do you feel lonely or isolated from those around you?

0. **Never**
1. **Rarely**
2. **Sometimes**
3. **Often**
4. **Always**
7. **Resident declines to respond**
8. **Resident unable to respond**

GG0115. Functional Limitation in Range of Motion

GG0115. Functional Limitation in Range of Motion

Code for limitation that interfered with daily functions or placed resident at risk of injury in the last 7 days

Coding:

0. **No impairment**
1. **Impairment on one side**
2. **Impairment on both sides**

Enter Codes in Boxes

↓

A. **Upper extremity** (shoulder, elbow, wrist, hand)

B. **Lower extremity** (hip, knee, ankle, foot)

GG0120. Mobility Devices

GG0120. Mobility Devices

Check all that were normally used in the last 7 days

↓

☐ A. **Cane/crutch**

☐ B. **Walker**

☐ C. **Wheelchair** (manual or electric)

☐ D. **Limb prosthesis**

☐ Z. **None of the above** were used

CASE STUDY CODING RESPONSE SHEET

J0200. Should Pain Assessment Interview be Conducted?

J0200. Should Pain Assessment Interview be Conducted?

Attempt to conduct interview with all residents. If resident is comatose, skip to J1100, Shortness of Breath (dyspnea)

Enter Code

0. **No** (resident is rarely/never understood) → Skip to and complete J0800, Indicators of Pain or Possible Pain
1. **Yes** → Continue to J0300, Pain Presence

J0300. Pain Presence

J0300. Pain Presence

Enter Code

Ask resident: ***"Have you had pain or hurting at any time*** *in the last 5 days?"*

0. **No** → Skip to J1100, Shortness of Breath
1. **Yes** → Continue to J0410, Pain Frequency
9. **Unable to answer** → Skip to J0800, Indicators of Pain or Possible Pain

J0410. Pain Frequency

J0410. Pain Frequency

Enter Code

Ask resident: ***"How much of the time have you experienced pain or hurting*** *over the last 5 days?"*

1. **Rarely or not at all**
2. **Occasionally**
3. **Frequently**
4. **Almost constantly**
9. **Unable to answer**

J0510. Pain Effect on Sleep

J0510. Pain Effect on Sleep

Enter Code

Ask resident: *"Over the past 5 days,* ***how much of the time has pain made it hard for you to sleep at night?"***

1. **Rarely or not at all**
2. **Occasionally**
3. **Frequently**
4. **Almost constantly**
8. **Unable to answer**

J0520. Pain Interference with Therapy Activities

J0520. Pain Interference with Therapy Activities

Enter Code

Ask resident: *"Over the past 5 days,* ***how often have you limited your participation in rehabilitation therapy sessions due to pain?"***

0. **Does not apply - I have not received rehabilitation therapy in the past 5 days**
1. **Rarely or not at all**
2. **Occasionally**
3. **Frequently**
4. **Almost constantly**
8. **Unable to answer**

J0530. Pain Interference with Day-to-Day Activities

J0530. Pain Interference with Day-to-Day Activities

Enter Code

Ask resident: *"Over the past 5 days,* ***how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?"***

1. **Rarely or not at all**
2. **Occasionally**
3. **Frequently**
4. **Almost constantly**
8. **Unable to answer**

K0520. Nutritional Approaches

K0520. Nutritional Approaches

Check all of the following nutritional approaches that apply

1. **On Admission**
   Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B
2. **While Not a Resident**
   Performed ***while NOT a resident*** of this facility and within the ***last 7 days***
   Only check column 2 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 2 blank.
3. **While a Resident**
   Performed ***while a resident*** of this facility and within the ***last 7 days***
4. **At Discharge**
   Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C

	1. On Admission	2. While Not a Resident	3. While a Resident	4. At Discharge
	↓ Check all that apply ↓			
A. **Parenteral/IV feeding**	☐	☐	☐	☐
B. **Feeding tube** (e.g., nasogastric or abdominal (PEG))	☐	☐	☐	☐
C. **Mechanically altered diet** - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	☐	■	☐	☐
D. **Therapeutic diet** (e.g., low salt, diabetic, low cholesterol)	☐	■	☐	☐
Z. **None of the above**	☐	☐	☐	☐

N0415. High-Risk Drug Classes: Use and Indication

N0415. High-Risk Drug Classes: Use and Indication

1. **Is taking**
   Check if the resident is taking any medications by pharmacological classification, not how it is used, during the last 7 days or since admission/entry or reentry if less than 7 days
2. **Indication noted**
   If Column 1 is checked, check if there is an indication noted for all medications in the drug class

	1. Is taking	2. Indication noted
	↓ Check all that apply ↓	
A. **Antipsychotic**	☐	☐
B. **Antianxiety**	☐	☐
C. **Antidepressant**	☐	☐
D. **Hypnotic**	☐	☐
E. **Anticoagulant** (e.g., warfarin, heparin, or low-molecular weight heparin)	☐	☐
F. **Antibiotic**	☐	☐
G. **Diuretic**	☐	☐
H. **Opioid**	☐	☐
I. **Antiplatelet**	☐	☐
J. **Hypoglycemic** (including insulin)	☐	☐
Z. **None of the above**	☐	

CASE STUDY CODING RESPONSE SHEET

O0110. Special Treatments, Procedures, and Programs

O0110. Special Treatments, Procedures, and Programs

Check all of the following treatments, procedures, and programs that were performed

a. **On Admission**
Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B

b. **While a Resident**
Performed ***while a resident*** of this facility and within the ***last 14 days***

c. **At Discharge**
Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C

Check all that apply

	a. On Admission ↓	b. While a Resident ↓	c. At Discharge ↓
Cancer Treatments			
A1. Chemotherapy	☐	☐	☐
A2. IV	☐	[redacted]	☐
A3. Oral	☐		☐
A10. Other	☐		☐
B1. Radiation	☐	☐	☐
Respiratory Treatments			
C1. Oxygen therapy	☐	☐	☐
C2. Continuous	☐	[redacted]	☐
C3. Intermittent	☐		☐
C4. High-concentration	☐		☐
D1. Suctioning	☐	☐	☐
D2. Scheduled	☐	[redacted]	☐
D3. As needed	☐		☐
E1. Tracheostomy care	☐	☐	☐
F1. Invasive Mechanical Ventilator (ventilator or respirator)	☐	☐	☐
G1. Non-invasive Mechanical Ventilator	☐	☐	☐
G2. BiPAP	☐	[redacted]	☐
G3. CPAP	☐		☐
Other			
H1. IV Medications	☐	☐	☐
H2. Vasoactive medications	☐	[redacted]	☐
H3. Antibiotics	☐		☐
H4. Anticoagulant	☐		☐
H10. Other	☐		☐
I1. Transfusions	☐	☐	☐

O0110 continued on next page

CASE STUDY CODING RESPONSE SHEET

O0110. Special Treatments, Procedures, and Programs - Continued

Check all of the following treatments, procedures, and programs that were performed

a. **On Admission**
Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B

b. **While a Resident**
Performed ***while a resident*** of this facility and within the ***last 14 days***

c. **At Discharge**
Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C

Check all that apply

	a. On Admission	b. While a Resident	c. At Discharge
J1. Dialysis	☐	☐	☐
J2. Hemodialysis	☐	[redacted]	☐
J3. Peritoneal dialysis	☐	[redacted]	☐
K1. Hospice care	[redacted]	☐	[redacted]
M1. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	[redacted]	☐	[redacted]
O1. IV Access	☐	☐	☐
O2. Peripheral	☐	[redacted]	☐
O3. Midline	☐	[redacted]	☐
O4. Central (e.g., PICC, tunneled, port)	☐	[redacted]	☐
None of the Above			
Z1. None of the above	☐	☐	☐

Select Discharge Assessment Data Elements

A1005. Ethnicity

A1005. Ethnicity
Are you of Hispanic, Latino/a, or Spanish origin?

↓	Check all that apply
☐	**A.** No, not of Hispanic, Latino/a, or Spanish origin
☐	**B.** Yes, Mexican, Mexican American, Chicano/a
☐	**C.** Yes, Puerto Rican
☐	**D.** Yes, Cuban
☐	**E.** Yes, another Hispanic, Latino/a, or Spanish origin
☐	**X.** Resident unable to respond
☐	**Y.** Resident declines to respond

A1010. Race

A1010. Race
What is your race?

↓	Check all that apply
☐	**A.** White
☐	**B.** Black or African American
☐	**C.** American Indian or Alaska Native
☐	**D.** Asian Indian
☐	**E.** Chinese
☐	**F.** Filipino
☐	**G.** Japanese
☐	**H.** Korean
☐	**I.** Vietnamese
☐	**J.** Other Asian
☐	**K.** Native Hawaiian
☐	**L.** Guamanian or Chamorro
☐	**M.** Samoan
☐	**N.** Other Pacific Islander
☐	**X.** Resident unable to respond
☐	**Y.** Resident declines to respond
☐	**Z.** None of the above

CASE STUDY CODING RESPONSE SHEET

A1110. Language

A1110. Language

A. What is your preferred language?

Enter Code

B. Do you need or want an interpreter to communicate with a doctor or health care staff?

0. **No**
1. **Yes**
9. **Unable to determine**

A1250. Transportation

A1250. Transportation (from NACHC©)

Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

Complete only if A0310B = 01 **or** A0310G = 1 and A0310H = 1

↓	Check all that apply
☐	**A.** Yes, it has kept me from medical appointments or from getting my medications
☐	**B.** Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
☐	**C.** No
☐	**X.** Resident unable to respond
☐	**Y.** Resident declines to respond

A2105. Discharge Status

A2105. Discharge Status

Complete only if A0310F = 10, 11, or 12

Enter Code

01. **Home/Community** (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements) → Skip to A2123, Provision of Current Reconciled Medication List to Resident at Discharge
02. **Nursing Home** (long-term care facility)
03. **Skilled Nursing Facility** (SNF, swing beds)
04. **Short-Term General Hospital** (acute hospital, IPPS)
05. **Long-Term Care Hospital** (LTCH)
06. **Inpatient Rehabilitation Facility** (IRF, free standing facility or unit)
07. **Inpatient Psychiatric Facility** (psychiatric hospital or unit)
08. **Intermediate Care Facility** (ID/DD facility)
09. **Hospice** (home/non-institutional)
10. **Hospice** (institutional facility)
11. **Critical Access Hospital** (CAH)
12. **Home under care of organized home health service organization**
13. **Deceased**
99. **Not listed** → Skip to A2123, Provision of Current Reconciled Medication List to Resident at Discharge

A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge

A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge
Complete only if A0310H = 1 and A2105 = 02-12

Enter Code — At the time of discharge to another provider, did your facility provide the resident's current reconciled medication list to the subsequent provider?

0. **No** - Current reconciled medication list not provided to the subsequent provider → Skip to A2200, Previous Assessment Reference Date for Significant Correction
1. **Yes** - Current reconciled medication list provided to the subsequent provider

A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider

A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider
Indicate the route(s) of transmission of the current reconciled medication list to the subsequent provider.
Complete only if A2121 = 1

↓ Check all that apply	Route of Transmission
☐	A. **Electronic Health Record**
☐	B. **Health Information Exchange**
☐	C. **Verbal** (e.g., in-person, telephone, video conferencing)
☐	D. **Paper-based** (e.g., fax, copies, printouts)
☐	E. **Other methods** (e.g., texting, email, CDs)

B1300. Health Literacy

B1300. Health Literacy
Complete only if A0310B = 01 **or** A0310G = 1 and A0310H = 1

Enter Code — How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

0. **Never**
1. **Rarely**
2. **Sometimes**
3. **Often**
4. **Always**
7. **Resident declines to respond**
8. **Resident unable to respond**

CASE STUDY CODING RESPONSE SHEET

D0700. Social Isolation

D0700. Social Isolation

Enter Code

How often do you feel lonely or isolated from those around you?

0. **Never**
1. **Rarely**
2. **Sometimes**
3. **Often**
4. **Always**
7. **Resident declines to respond**
8. **Resident unable to respond**

J0200. Should Pain Assessment Interview be Conducted?

J0200. Should Pain Assessment Interview be Conducted?

Attempt to conduct interview with all residents. If resident is comatose, skip to J1100, Shortness of Breath (dyspnea)

Enter Code

0. **No** (resident is rarely/never understood) → Skip to and complete J0800, Indicators of Pain or Possible Pain
1. **Yes** → Continue to J0300, Pain Presence

J0300. Pain Presence

J0300. Pain Presence

Enter Code

Ask resident: ***"Have you had pain or hurting at any time*** *in the last 5 days?"*

0. **No** → Skip to J1100, Shortness of Breath
1. **Yes** → Continue to J0410, Pain Frequency
9. **Unable to answer** → Skip to J0800, Indicators of Pain or Possible Pain

J0410. Pain Frequency

J0410. Pain Frequency

Enter Code

Ask resident: ***"How much of the time have you experienced pain or hurting*** *over the last 5 days?"*

1. **Rarely or not at all**
2. **Occasionally**
3. **Frequently**
4. **Almost constantly**
9. **Unable to answer**

J0510. Pain Effect on Sleep

J0510. Pain Effect on Sleep

Enter Code

Ask resident: *"Over the past 5 days,* ***how much of the time has pain made it hard for you to sleep at night?"***

1. **Rarely or not at all**
2. **Occasionally**
3. **Frequently**
4. **Almost constantly**
8. **Unable to answer**

CASE STUDY CODING RESPONSE SHEET

J0520. Pain Interference with Therapy Activities

J0520. Pain Interference with Therapy Activities

Enter Code

Ask resident: *"Over the past 5 days, **how often have you limited your participation in rehabilitation therapy sessions due to pain?**"*

0. **Does not apply - I have not received rehabilitation therapy in the past 5 days**
1. **Rarely or not at all**
2. **Occasionally**
3. **Frequently**
4. **Almost constantly**
8. **Unable to answer**

J0530. Pain Interference with Day-to-Day Activities

J0530. Pain Interference with Day-to-Day Activities

Enter Code

Ask resident: *"Over the past 5 days, **how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?"***

1. **Rarely or not at all**
2. **Occasionally**
3. **Frequently**
4. **Almost constantly**
8. **Unable to answer**

K0520. Nutritional Approaches

K0520. Nutritional Approaches

Check all of the following nutritional approaches that apply

3. **While a Resident**
   Performed ***while a resident*** of this facility and within the ***last 7 days***
4. **At Discharge**
   Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C

	3. While a Resident	4. At Discharge
	↓ Check all that apply ↓	
A. **Parenteral/IV feeding**	☐	☐
B. **Feeding tube** (e.g., nasogastric or abdominal (PEG))	☐	☐
C. **Mechanically altered diet** - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	☐	☐
D. **Therapeutic diet** (e.g., low salt, diabetic, low cholesterol)	☐	☐
Z. **None of the above**	☐	☐

N0415. High-Risk Drug Classes: Use and Indication

N0415. High-Risk Drug Classes: Use and Indication

1. **Is taking**
   Check if the resident is taking any medications by pharmacological classification, not how it is used, during the last 7 days or since admission/entry or reentry if less than 7 days
2. **Indication noted**
   If Column 1 is checked, check if there is an indication noted for all medications in the drug class

	1. Is taking	2. Indication noted
	↓ Check all that apply ↓	
A. **Antipsychotic**	☐	☐
B. **Antianxiety**	☐	☐
C. **Antidepressant**	☐	☐
D. **Hypnotic**	☐	☐
E. **Anticoagulant** (e.g., warfarin, heparin, or low-molecular weight heparin)	☐	☐
F. **Antibiotic**	☐	☐
G. **Diuretic**	☐	☐
H. **Opioid**	☐	☐
I. **Antiplatelet**	☐	☐
J. **Hypoglycemic** (including insulin)	☐	☐
Z. **None of the above**	☐	

O0110. Special Treatments, Procedures, and Programs

O0110. Special Treatments, Procedures, and Programs

Check all of the following treatments, procedures, and programs that were performed

b. **While a Resident**
Performed ***while a resident*** of this facility and within the ***last 14 days***

c. **At Discharge**
Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C

	b. While a Resident	c. At Discharge
	Check all that apply ↓	↓
Cancer Treatments		
A1. Chemotherapy	[redacted]	☐
A2. IV		☐
A3. Oral		☐
A10. Other		☐
B1. Radiation		☐
Respiratory Treatments		
C1. Oxygen therapy	[redacted]	☐
C2. Continuous		☐
C3. Intermittent		☐
C4. High-concentration		☐
D1. Suctioning		☐
D2. Scheduled		☐
D3. As needed		☐
E1. Tracheostomy care		☐
F1. Invasive Mechanical Ventilator (ventilator or respirator)		☐
G1. Non-invasive Mechanical Ventilator		☐
G2. BiPAP		☐
G3. CPAP		☐
Other		
H1. IV Medications	[redacted]	☐
H2. Vasoactive medications		☐
H3. Antibiotics		☐
H4. Anticoagulant		☐
H10. Other		☐
I1. Transfusions		☐

O0110 continued on next page

CASE STUDY CODING RESPONSE SHEET

O0110. Special Treatments, Procedures, and Programs - Continued

Check all of the following treatments, procedures, and programs that were performed

b. While a Resident
Performed ***while a resident*** of this facility and within the ***last 14 days***

c. At Discharge
Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C

	b. While a Resident	c. At Discharge
	Check all that apply ↓	↓
J1. Dialysis	[redacted]	☐
J2. Hemodialysis		☐
J3. Peritoneal dialysis		☐
K1. Hospice Care	☐	[redacted]
M1. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	[redacted]	
O1. IV Access		☐
O2. Peripheral		☐
O3. Midline		☐
O4. Central (e.g., PICC, tunneled, port)		☐
None of the Above		
Z1. None of the above	☐	☐